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PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)  
OR

Attorney Docket Number	DAMADIAN 3.0-103
First Named Inventor	Arto Cinoglu
<b>COMPLETE IF KNOWN</b>	
Application Number	10/698,119
Filing Date	October 31, 2003
Group Art Unit	N/A
Examiner Name	Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BELT BUCKLE AND USE THEREOF IN MAGNETIC RESONANCE IMAGING**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application No.  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label	000530
		OR <input type="checkbox"/>
Correspondence address below		

Name

Address

City	State	ZIP
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Country	Telephone	Fax
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any])	Arto	Family Name or Surname
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Inventor's Signature	Date <i>12/15/03</i>
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Residence: City Oceanside	State NY	United States of America	Citizenship Turkey
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Mailing Address:	2969 Oceanside Road		
City Oceanside	State NY	ZIP 11572	Country United States of America

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any])	Mark	Family Name or Surname
---	------	---------------------------

Inventor's Signature <i>Mark Gelbien</i>	Date <i>12/16/03</i>
---	----------------------

Residence: City Levittown	State NY	United States of America	Citizenship US
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Mailing Address:	24 Gun Lane		
City Levittown	State NY	ZIP 11756	Country United States of America

<input checked="" type="checkbox"/>	Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.		
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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
Page <u>1</u> of <u>1</u>		

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))  <i>Joseph</i>		Family Name or Surname  Citro	
Inventor's Signature	Date <u>12/17/03</u>		
Residence: City  <i>Hauppauge</i>	State  NY	United States of America	Citizenship  US
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City  Hauppauge	State  NY	Zip  11788	United States of America  Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City  City	State  State	Country  Country	Citizenship
Mailing Address:  			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City  City	State  State	Country  Country	Citizenship
Mailing Address:  			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City  City	State  State	Country  Country	Citizenship
Mailing Address:  			
City	State	Zip	Country